Commissioner's Weekly Wrap Up

DCS Communications Office

January 28, 2005

The Week Ahead

Mon., Jan. 31 –The Commissioner attends the Governor's State of the State address.

Tue., Feb. 1-Wed., Feb. 2 – The Commissioner attends a meeting with regional administrators.

DCS Acronyms on the Intranet

Have you gotten tongue-tied trying to remember all of the DCS acronyms that get tossed around among divisions, in meetings and between coworkers every day? There ***is*** quite a bit of departmental and institutional lingo – that's the nature of the intricacy and complexity of the work this agency performs. However, sometimes hearing and reading so many acronyms can be intimidating for newer employees or those trying to stay up to speed with goings-on in other programs. So the most commonly used DCS acronyms are now on the Intranet. Visit http://www.intranet.state.tn.us/chldserv/DCS_Acronyms.htm to view the list.

Peabody Residential Center Passes Re-Accreditation

Submitted by Mark Anderson, Office of the Inspector General

Peabody Residential Center has just passed their re-accreditation audit with a 100 percent compliance rating in both mandatory and non-mandatory operational standards. This compliance rating reflects the continuing diligence and hard work put forth by the staff at this program in serving this unique population of students.

CPS - Our Greatest Opportunity

Submitted by Judy Cole, Executive Director, Office of Regional Support

We know you are struggling to provide quality Child Protective Services for the children of Tennessee. We know you need help. We want you all to know that we are working on a plan to help improve CPS. The regional administrators are identifying the soft spots in each region so that we can concentrate our efforts to help you improve. As a part of this process, the Child Protection Division has identified "Team Excellence."

We want you to get through this. We want to be helpful, not critical. We want to provide the field with all the resources we have to make you successful. The short-term goal is to get the resources identified and in place to get the kind of work done that we want and need to do. The long-term goal is to improve our system so that the beneficiaries of our efforts are the children and families we serve. We can then say we are doing everything in our power to keep children safe in this state.

CPS has been on the back burner for years. We know that. Because of that, I believe the quality of the work has suffered. We have to be accountable. We have to protect children. This is our obligation – what we are charged to do. I believe with my whole heart that you want to do good work; you want the children to be safe.

We can get through this. It will not happen overnight. The Commissioner is committed to helping us get whatever we need to improve. Let's all roll up our sleeves, identify our strengths and needs and work hard to provide quality CPS for Tennessee. It's everyone's job.

Thank you for all you do.

It Can Be Done

Submitted by Lawanda Christmon, Juvenile Justice Home County Case Manager, Montgomery County

During permanency plan training session with juvenile justice staff statewide, the issue of whether or not a juvenile justice youth can or cannot be adopted was addressed. The following story was submitted by Lawanda Christmon, Juvenile Justice Home County Case Manager in Montgomery County, who proved that, yes, it can be done! This story is a heartwarming one that shows delinquent youth are just "typical teenagers" who need someone to care for them and, in this case, her acting out behaviors were directly related to not having caring parents.

Remember to always investigate the underlying cause of the delinquent behavior.

- Jacqueline A. Lee, Director of Community Services, Juvenile Justice

Tasha was placed in the custody of the State of Tennessee on October 30, 2002 as a dependent-neglected youth in Montgomery County. This was her first placement in state custody. Tasha was removed from her maternal grandmother's home because her behavior was beyond control. Tasha was exposing herself at the school bus stop and was verbally and physically aggressive towards her grandmother. Prior to coming into state custody, Tasha had been living with her maternal grandmother since she was three days old. Her biological mother did not have a relationship with Tasha. We were unsure who

her father was, but neither alleged father was interested in being a parent to her. The only person in her family that really cared about her and wanted her was her aunt, Judy.

Tasha had a lot of behavior problems while in state custody and was re-adjudicated delinquent on December 1, 2003, after being found guilty of assault. Although I had seen her in the office and heard about her behaviors, this would be the first time I had interacted directly with her. Tasha disrupted many residential and community placements. From the beginning, she had low self-esteem, a very negative self-image and a lot of unresolved anger and resentment towards her birth mother. When angry, Tasha can become extremely aggressive, if she does not process her emotions. Tasha was overweight and suffered from diabetes, hypertension and other weight related problems. She would often refuse medications and would not follow her diet as a means of manipulation and self-harm. It was very hard for her to attach to people, which is why she disrupted so many placements. It took a lot of work to build a rapport with Tasha, so that she would open up and place her trust in her aunt and me.

Despite Tasha's behavior problems and many moves due to disrupting from residential programs and foster homes, Tasha's aunt, Judy, supported her. She would travel to visit, make phone calls and even attended therapy. She completed PATH training well before it was believed that Tasha was ready to be placed in her home due to her continued aggressive behaviors. It was also expressed that maybe I, as a case manager, was not getting through to Tasha, but I got to keep her case. Her aunt and I believed Tasha had to be convinced that we weren't giving up on her no matter how bad her behavior became or how long it took Tasha to come around. Judy stayed in constant contact with the therapists, doctors and myself to make sure that Tasha was receiving the right services; she was consistently involved in Tasha's progress. Tasha was placed at Chad Youth Enhancement Center and successfully finished the program on August 6, 2004. She was then placed in the kinship foster home of her aunt.

Right away, we started discussing the possibility of adoption. I was unsure of how to take the steps to make it happen, but I was willing to try. The first step was easy. Judy wanted to adopt Tasha, and Tasha was willing to be adopted. Next came asking Tasha's biological mother to surrender parental rights, which I thought would be hard, but after she, Judy and myself sat down and talked about it, it was very easy. I had consulted with a social services team leader, who had worked in adoptions, and he gave me brief outline of how the process works – the rest I figured out on my own with the adoption specialist. In the meantime, paternity was established on the biological father. He ended up calling me about giving up rights and the surrender was completed on him easily also. On December 30, 2004, Tasha's adoption by her aunt Judy was finalized and she is now officially Tasha's mother.

Tasha is using the skills learned in residential treatment to express her emotions and now is more verbal with her mother about what is going on in her life. Tasha is described as a "typical teenager," who is now able to handle all of the problems and stress that goes with being a 15-year-old adolescent. Tasha solves her problems without fighting. She had a bit of a hard time transitioning back into public school at first, but now she is passing

all classes with no problems. Tasha goes to nutritional counseling and obeys her diet requirements and has subsequently lost at least 50 pounds since placement in her aunt's home.

Child and Family Well Being

Submitted by Audrey Corder, Executive Director, Child and Family Well Being

There are some very exciting things beginning to happen in the Office of Child and Family Well Being. We have been asking ourselves "so what?" questions, such as, "So what if the child attends school, but is he appropriately placed and is his educational plan sound?" Or ""So what that grandma has the children, but what kind of support is she getting, and does she know all of her options?" And "So what if the post-custody child is in school, but is she also getting specific assistance that fits her individual needs, and is she linked to an adult who loves her?" These questions and many others asked in this division has caused us to begin a complete overhaul of what we perceive to be quality of life issues for children and families that we serve.

We have worked very hard to develop our infrastructure and implement very positive changes that help to look at what, exactly, our children and families experience while they are with us. We are making changes in every area from education to relative caregiver and from transitional living to behavioral mental health. We have made significant improvements in the Transitioning to Adulthood Program (Independent Living) by way of policy changes, program development and regional support. You will be hearing more details about specific initiatives in this program in the next few weeks that will enable us to better serve these young people. But it will not be the same old "cookie cutter" approach to this population that may have existed previously.

Likewise, look for the expansion of the Relative Caregiver program and all of the exciting doors that will open to relatives across the state. We are also developing many program changes in the area of kin support and are working on collaboration with the Department of Human Services that is very exciting.

We also believe that the education and medical passports that you will be hearing more about are valuable tools for case managers and foster parents that will help us to track theses critical areas in the our children's development. And look for changes in both of these areas, some by way of policy changes and others by program enhancements.

These initiatives will be rolled out in waves so that staff, children and families will get the full benefit. My granny used to say that too much of anything, even if it is good, could sometimes make you sick, so we will keep that in mind as we share the "good stuff" with you. But look for this division to begin the hard work of evaluating the quality of life issues for our children and families, and asking many more "so what" questions.

Advocate Training

Submitted by Rebecca Rogers, Lead Advocate

The Tennessee Foster Adoption Care Association, in conjunction with the University of Tennessee and the Department of Children's Services, held training at the Guest House Inn & Suites on January 20-21. New advocates to fill vacant positions across the state, current advocates and TFACA regional directors were included in the training, where new advocates received the required 15 hours pre-service training.

Commissioner Viola Miller, with her dynamic personality, updated us some changes the department is implementing concerning children in state custody.

Servella Terry, director of recruitment and retention, and Mattie Satterfield, director of foster, adoption and kinship care, spent most of the training hours with us answering any questions and giving input. The Department of Children's Services and the University of Tennessee, along with seasoned advocates, provided excellent training. Everyone in attendance came away with a wealth of information to help improve the roles of everyone.

An advocate is a specially trained foster parent charged with the responsibility of interpreting Department of Children's Services policies and procedures, and assisting foster parents in grievances and appeals with DCS.

Continuous Quality Improvement

From Managing Care for Children and Families, Volume 1, No. 3, Spring 1998 – A Newsletter of the National Child Welfare Resource Center for Organizational Improvement

Outcome-Based Management and Measurement: An introduction to concepts, terms and applications

Child welfare systems have traditionally focused on tracking inputs (How *much* we are doing?) and process (how *well* we are doing it?). But driven by a commitment to quality improvement and heightened accountability, many states have recently begun working towards producing data that reflect *outcomes* – that is, data that examines *what happens* as a result of our work. The underlying concept of outcome-based management and measurement – that agencies should be accountable for what happens as a result of their efforts – isn't a hard one to grasp. Yet around the country agencies struggle with realistic, practical ways to apply this concept to day-to-day work with children and families.

Getting started...

What must an agency consider when trying to implement an outcome-based model? The first step is to arrive at a shared understanding of the vocabulary. The terms most commonly used are *goals, outcomes, measures* and *data sources.*

A *goal* is a statement of direction or priority: to keep children safe; to provide a stable, permanent home for every child; to assure every child's physical, emotional and intellectual well-being. These terms express what we might, ultimately, hope to achieve in an ideal world. However, they resist precise measurement. Honest people can honestly disagree about whether we are making progress toward accomplishing them or not. But goal statements are important because they spell out the territory in which we hope to achieve change. They set the stage for selecting *outcomes*.

Outcomes and *measures* are closely linked. Outcome statements express specific, verifiable changes that we expect to accomplish as the products of the work we do: to reduce confirmed abuse and neglect of children from families at risk; to increase the percentage of children unable to return to their birth parents who are adopted; to increase the percentage of children in care who attend school regularly. Outcome statements specify the populations we have targeted (e.g., children in families at risk, children in care unable to return home, school-age children in care) and clearly state how their lives will change for the better as the result of the work we do.

Measures identify the information we will use to determine whether and to what degree we are achieving selected outcomes during a given span of time. For example, if the outcome is to reduce incidence of abuse of children at risk, then its measure might be a specific percentage reduction of children who are living with families with at least one substantiated abuse report for whom subsequent reports are substantiated during the 12-month period following the last event. Similarly, the measure for increased adoptions might be expressed as a specific percentage increase in the number of children with a case plan of adoption who are adopted in fiscal year 1998 over fiscal year 1997. A measure of a school attendance outcome for children in care might be expressed either as a percentage reduction in truancy for a fiscal year from the year previous or as a percentage increase in attendance for the same target group from one year to the next.

Sometimes outcome statements target systems or processes rather than people. To achieve outcomes for targeted populations, it may first be necessary to alter a system by adding new services, by expanding the number of people using existing services, by increasing the resources available to serve families, or by reducing costs so that services can be delivered more efficiently.

To establish outcomes and select measures for systems and processes, we use the same approach as we do for people. Here, the outcome is a concrete expression of change in the system or process itself – an outcome may be expansion of the range of mental health services in a given community and its measure, a specific number of new service slots to be created during the next 12-month period.

Data sources are the physical locations and organization of the information needed to make the measures. This information may be available in SACWIS or AFCARS or from other statistical sources, such as Kids Count reports. Or we may need to create the source from scratch. We may sometimes want to conduct interviews and surveys or conduct focus groups or roundtables. Measures are feasible only if the data are available and trustworthy, and we can get to them. If no measure is available then the outcomes must either be modified or discarded. You can't set targets if you can't ever know whether or not you've hit them.

Core Leadership

CORE Leadership Meeting
Bonnie Hommrich, Presiding
January 25, 2005

Commissioner's Comments

DCS has committed to retrain all employees within 18 months. This mandatory training started Monday and included staff from Davidson County (31 people) and Murfreesboro (10 people).

Regional liaisons need to contact regions and encourage early participation. It is imperative that regional administrators ensure employees in their respective regions are attending.

CPS follow-up this week

Beth Kasch set meetings of smaller groups to continue planning on how to address CPS issues.

TennCare CQI

Michael Myszka, a DCS liaison from TennCare, explained that TennCare received an audit finding that they were not monitoring DCS. In response, TennCare has to develop a monitoring plan of our continuous quality improvement (CQI) plan. Dr. Long, Michael, Mary Beth Franklyn and other DCS staff will meet regarding the Memorandum of Understanding and how to approve our CQI plan.

Training

Stacy Borasky and Donna Johnson have completed the training plan as required within the Path to Excellence (P2E). An area of desired improvement is a better communication loop. They looked at P2E and identified priorities, which include supporting our needs, pre-service and in-service training development and assessment, and evaluation.

The new curriculum is described as family centered, solution-focused, strength-based and culturally responsive.

New case managers have gone through the pre-service training. The roll-out started Monday in Mid-Cumberland and will move to Knox at the end of February, and then back to Middle and on to West Tennessee, utilizing universities that are members of consortium helping to reduce travel and overnight stays.

In-Service Training

Donna Johnson is most excited about developing in-service training. She wants to establish a standardized in-service program. We need to identify and communicate training needs. This is a step in improving the identified need for a better communication loop. Each division needs to present training priorities for next 18 months to Stacy Borasky. Johnson requested a monthly meeting with directors and regional trainers on conference calls to learn opinions and what they need. The Commissioner stated we need a flexible training system.

01-05 TNKids Release

Michael Price reported a decrease in the number of help desk questions with the new build. There are conference calls on field issues and concerns with the build at 3 p.m. on Mondays, Wednesdays and Fridays.

Legislation

Legislative liaison David Braam distributed a handout to Core Leadership Team members on testifying before a legislative committee. A bill tracking system has been developed at the Governor's office. DCS will develop an infrastructure around legislation. We need someone from our agency to sit in Committee meetings that involve DCS.

Policy Redesign Proposal

Petrina Jones-Jesz stated the Policy Review Committee is close to finalizing critical policies. They are looking at chapter redesign for the Department Policy Manual from 33 to 10 chapters. The redesign will be completed by June.

Accreditation

The Department is in the process of applying for accreditation. The process begins with a formal self-study, which includes a review of the COA standards. The standards are in two sections - Organization and Management and Service Standards. Once the self-study is completed, the document is sent to the COA Central Office panel of peer reviewers. The next stage involves a site visit from the peer review team and a decision is made on awarding accreditation. COA accreditation is reviewed every three years.

DCS will conduct an informal self study and review the standards. DCS will see what we have in place and what we need to put in place.

The workings of the human heart are the profoundest mystery of the universe. One moment they make us despair of our kind, and the next we see in them the reflection of the divine image. -Charles W. Chestnutt